Multilateralism is faltering in the face of a crisis

23 June 2021

Three crucial meetings have taken place over the last month that should have reversed the course of the pandemic: the G20 Global Health Summit, the World Health Assembly and the G7 Summit. The world expected that world leaders would understand the gravity of the situation and take urgent, ambitious and transformational action to support equitable access to COVID-19 vaccines, tests and treatments, strengthen healthcare systems, scale up financing for preparedness, and immediately begin negotiations on a pandemic treaty.

While there have been some minor steps forward, commitments have, on the whole, been aspirational and without the level of clarity or urgency needed to address this crisis.

We appreciate the spirit of global cooperation and solidarity exhibited by world leaders but are deeply disturbed by the enormous gap between the commitments made and the action required. We must move much further and far faster.

WHO has set a target of vaccinating 70% of the world’s population over the next 12 months to end the pandemic. This would require 11 billion vaccine doses, many more than have been committed by G7 leaders.

Wherever populations remain at risk, future waves are almost inevitable, particularly with the more transmissible variants. With the evolution of the virus speeding up, we cannot wait for commitments to trickle slowly into 2022; we need to significantly ramp up vaccination now. We call on leaders to immediately share - at an absolute minimum - 1 billion vaccine doses with COVAX by the end of 2021 – not 2022. Unless these vaccines doses are deployed equitably in all countries, more variants will emerge, including some that have the potential to evade current vaccines. People will die unnecessarily. The tragedy of inequitable access to HIV treatment is playing out yet again with COVID-19 vaccines.

Science has outpaced solidarity; for the first time in history, more people will die after we have an effective vaccine than before.

National leaders must share vaccine doses through COVAX now. Increasing manufacturing capacity is also needed but will take time. Sharing doses is the only viable strategy and this must start at scale immediately and increase over the next 6 months.

The ACT-Accelerator is also in urgent need of funding and faces a US$16 billion gap to help deliver the vaccines, tests and treatments needed.

The calls for action by the Independent Panel, IHR Review Committee, Independent Oversight and Advisory Committee, and G20 High Level Independent Panel on financing the global commons for pandemic preparedness and response are consistent and clear on what needs to change. They warn that without these changes, COVID-19 will take millions more lives and the world will remain vulnerable to future pandemics. It is incomprehensible that leaders appear unwilling or unable to take difficult decisions and commit to concrete changes. This failure of multilateralism, in the face of the greatest crisis the world has faced in decades, is disheartening and does not bode well for our response to other global crises, including climate change.

Visionary leadership, with willingness to take no-regrets action and commitment to working together, can lead to real and transformational change, for the greater good. We call on leaders to share vaccine doses equitably, to increase vaccine production capacity, to fully fund COVAX and ACT-A, to negotiate
an international agreement on pandemic preparedness and response, and to agree on a timetable for these actions.

The past has shown us that we can and must be bolder. This is the only way we will solve this crisis – boldly and collectively.

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As an independent monitoring and advocacy body, the GPMB urges political action to prepare for and mitigate the effects of global health emergencies. Co-convened by the World Bank Group and the WHO, the GPMB works independently to provide expert assessments and recommendations on the state of global preparedness. The opinions and recommendations of the GPMB are those of the Board and do not necessarily represent the views of the World Bank Group and WHO.

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